Iowa Child and Adult Care Food Program Outside School Hours Center - Food Production Record Worksheet

Menus	Date:	Date:	Date:	Date:	Date:
Breakfast					
PM Snack					

Center Name	<u> </u>
Center Name	i

*Actual Number Served

Date:										
	В	PM								
6-12										
Adults										

		Data From Food Buying Guid	e (FBG) For Child	* Quantity Prepared/Served	Comments			
Meal	Date	* FOOD AS PURCHASED (1)	PURCHASE UNIT (2)	SERVINGS PER PURCHASE UNIT (3)	FBG SERVING SIZE (4)	ESTIMATED NUMBER TO BE SERVED (5)	* AMOUNT TO PREPARE COL 5 ÷COL 3 = (6)	AMT SERVED IF DIFFERENT THAN COL 6 (7)
Bft								
Bft								
Bft								
PM								
PM								
Bft								
Bft								
Bft								
PM								
PM								
Bft								
Bft								
Bft								
PM								
PM								
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Bft								
Bft								
PM								
PM					_			
Bft								
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Bft								
PM								
PM								

Comments: